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Bib Data Sheet

CONFIRMATION NO. 1524

<b>SERIAL NUMBER</b> 10/084,892	<b>FILING OR 371(c) DATE</b> 02/27/2002 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1639	<b>ATTORNEY DOCKET NO.</b> 021825-004720US
<b>APPLICANTS</b> Shukti Chakravarti, Lutherville, MD;				
<b>** CONTINUING DATA *****</b> This application is a CIP of 09/694,758 10/23/2000 which claims benefit of 60/160,835 10/21/1999				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 03/19/2002				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged		<b>STATE OR COUNTRY</b> MD	<b>SHEETS DRAWING</b> 1	<b>TOTAL CLAIMS</b> 18
Examiner's Signature _____ Initials _____		<b>INDEPENDENT CLAIMS</b> 6		
<b>ADDRESS</b> 20350				
<b>TITLE</b> Gene expression profiling of inflammatory bowel disease				
<b>FILING FEE RECEIVED</b> 711	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	